2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000077136 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** POETIC TOUCH, INC. 03-30-2000 90014 012 ***150.00 Principal Place of Business Mailing Address 2536 SOUTH MCGUIRE ROAD 2536 SOUTH MCGUIRE ROAD OCOEE FL 34761 OCOEE FL 34761-4749 3. Mailing Address 30 ラ 2. Principal Place of Business Bayside Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number GARDEN GARDEN 59-3337411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLARD, DENNIS_R.CPA... Street Address (P.O. Box Number is Not Acceptable) 114 PENNSYLVANIA AVE. WINTER GARDEN FL 34787 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD **PSTD** TITLE Change Addition TITLE ☐ Delete BROOKS, MARYL 303 BAYSIDE AVE. BROOKS, MARY L NAME NAME STREET ADDRESS 2536 SOUTH MCGUIRE ROAD STREET ADDRESS WINTER GARDEN, FL CITY-ST-ZIP CITY-ST-7IP OCOEE FL 34761 TITLE ☐ Defete TITLE BROOKS, STEVEN P BROOKS, STEVEN P NAME 303 BAYSIDE AVE. STREET ADDRESS 2536 SOUTH MCGUIRE ROAD STREET ADDRESS CITY-ST-ZIP **OCOEE FL 34761** CITY-ST-ZIP WINTER GARDEN, FL Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Blochanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2000 (407)654